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INTRACORONARY ABCIXIMAB AND ASPIRATION THROMBECTOMY DURING PRIMARY PCI FOR ANTERIOR STEMI: ONE-YEAR RESULTS FROM THE RANDOMIZED INFUSE-AMI TRIAL

Oral Contributions
West, Room 2001
Monday, March 11, 2013, 8:30 a.m.-8:40 a.m.

Session Title: ST-Elevation Myocardial Infarction and High-Risk PCI
Abstract Category: 40. TCT@ACC-i2: ACS/AMI/Hemodynamic Support
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Background: The clinical utility of intracoronary abciximab (IC abcx) and thrombus aspiration in pts with STEMI undergoing primary PCI remains controversial.

Methods: In the INFUSE-AMI trial, 452 pts at 37 sites in 6 countries presenting within 4 hours of STEMI due to proximal or mid LAD occlusion undergoing primary PCI with bivalirudin anticoagulation were randomized to bolus IC abcx delivered locally at the infarct lesion site via the ClearWay RX infusion catheter vs. no abcx, and to thrombus aspiration with the Export catheter vs. no aspiration. The primary efficacy endpoint was infarct size (ISz) at 30 days measured by cardiac MRI. Secondary efficacy endpoints included ST-segment resolution (STR), angiographic perfusion (TIMI flow and blush), and clinical outcomes with follow-up through 1 year.

Results: At 30 days, IC abcx compared to no abcx reduced median [IQR] ISz (15.1% [6.8%, 22.7%] vs. 17.9% [10.3%, 25.4%], P=0.03), absolute infarct mass and abnormal wall motion score. Conversely, 30-day ISz (17.0% [9.0%, 22.8%] vs. 17.3% [7.1%, 25.5%] and other measures of myonecrosis were similar between aspiration and no aspiration. The rates of TIMI flow, blush, STR and 30-day clinical events were not significantly different between the randomized groups.

Conclusions: The 6-month and 1-year results from the INFUSE-AMI trial will be presented for the first time at ACC 2013, and will provide insights into the relationship between randomization strategy, ISz at 30 days and other reperfusion biomarkers to late clinical outcomes in pts with large anterior STEMI undergoing primary PCI.